Fill	l in this information to identify y	our case:					
De	ebtor 1 Ronald	Claude Walker, Jr.					
1	ebtor 2 ouse, if filing)						
Un	ited States Bankruptcy Court f	or the: EASTERN DISTRIC	T OF PENNSYLVANIA				
	se number 19-10055			Che	ck if this is:		
(If k	nown)		_		An amende	d filing	
						ent showing postpetition chapter as of the following date:	
<u>O</u>	fficial Form 106I			MM / DD/ YYYY			
S	chedule I: Your	Income				12/15	
atta Pa	rt 1: Describe Employ	orm. On the top of any addit	rith you, do not include informati ional pages, write your name and				
1.	Fill in your employment information.		Debtor 1		Debtor 2	or non-filing spouse	
	If you have more than one job,		■ Employed		☐ Emplo	pyed	
	attach a separate page with information about additional	• •	☐ Not employed		☐ Not er	mployed	
	employers.	Occupation	contractor				
	Include part-time, seasonal, or self-employed work.	or Employer's name	7638 Thouron Avenue				
	Occupation may include stu or homemaker, if it applies.	dent Employer's address	Philadelphia, PA 19150				
		How long employed	there? <u>1 year</u>		_		
Pa	rt 2: Give Details Abou	ıt Monthly Income					
	imate monthly income as of use unless you are separated.		you have nothing to report for any	line, writ	e \$0 in the	space. Include your non-filing	
	ou or your non-filing spouse ha		combine the information for all emplo	oyers fo	that persor	n on the lines below. If you need	
				For De	ebtor 1	For Debtor 2 or non-filing spouse	

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0.00

0.00

0.00

3.

+\$

\$

N/A

N/A

N/A

List monthly gross wages, salary, and commissions (before all payroll

Estimate and list monthly overtime pay.

Calculate gross Income. Add line 2 + line 3.

deductions). If not paid monthly, calculate what the monthly wage would be.

2.

3.

5.		unding 4 hours		For	D-1:14			
5.		ur line A hana		1 01	Debtor 1		Debtor 2 or -filing spouse	
5.	List	y line 4 here	4.	\$	0.00	\$	N/A	
٥.		all payroll deductions:						
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	0.00	\$	N/A	
	5b.	Mandatory contributions for retirement plans	5b.	\$-	0.00	* \$	N/A	_
	5c.	Voluntary contributions for retirement plans	5c.	\$-	0.00	* \$	N/A	_
	5d.	Required repayments of retirement fund loans	5d.	\$ —	0.00	\$ 	N/A	_
	5e.	Insurance	5e.	\$-	0.00	* \$	N/A	_
	5f.	Domestic support obligations	5f.	\$_	0.00	* * -	N/A	_
	5g.	Union dues	5g.	\$_	0.00	\$	N/A	_
	5h.	Other deductions. Specify:	5h.+	- \$-	0.00	· : —	N/A	_
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	_ 6.	\$	0.00	\$	N/A	-
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	0.00	\$	N/A	-
8.		all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	2,985.00	\$	N/A	_
	8b.	Interest and dividends	8b.	\$ —	0.00	\$ 	N/A	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$ \$		\$ \$		_
	8d.	Unemployment compensation	8d.	\$ 	0.00	* *	N/A N/A	_
	8e.	Social Security	8e.	\$—	0.00	- \$ -	N/A	_
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$	0.00	\$	N/A	-
	8g.	Pension or retirement income	8g.	\$	0.00	\$	N/A	_
	8h.	Other monthly income. Specify:	_ 8h.+	- \$	0.00	+ \$_	N/A	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	2,985.00	\$	N//	A
10.	Calc	culate monthly income. Add line 7 + line 9.	10. \$	2	2,985.00 + \$		N/A = \$	2,985.00
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.						,
11.	Inclu othe	te all other regular contributions to the expenses that you list in Schedule ade contributions from an unmarried partner, members of your household, your part friends or relatives. In the include any amounts already included in lines 2-10 or amounts that are not a cify:	depen		•	•	chedule J. 11. +\$	0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies					12. \$	2,985.00
13.	Do y ■	you expect an increase or decrease within the year after you file this form No. Yes. Explain:	?					nea y income

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